

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)
107-000110US



In re Application of Davide R. Grassetti, et al.

Application Number: 10/044,463 Filed: January 10, 2002

For METHOD OF IMMUNIMODULATION USING THIONE-FORMING DISULFIDES

Group Art Unit 1617 Examiner Shengjun Wang

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above-identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | | |
|-------------------------------------|----------------------------------|--------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$120 |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$450 |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$1020 |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590 |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160 |

Applicant is a small entity under 37 CFR 1.9 and 1.27, therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 60.00.

A small entity statement under 37 CFR 1.27:

is enclosed.

has already been filed in this application.

A check in the amount of the fee is enclosed.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees that may be required, or credit any overpayment, to Deposit Account Number 50-0893.

I am the assignee of record of the entire interest.

applicant.

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a)
Registration number if acting under 37 CFR 1.34(a). _____.

February 7, 2007
Date

Gary Baker
Signature

Gary Baker, 41,595

Typed or printed name and Reg. No.

1004463
500893

02/09/2007 HDESTA1 00000002500893
60.00 DA
01 FC:2251

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below.

Typed or Printed Name	Evelyn Gomez	Date	2/7/07
Signature			

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEB 09 2007

Effect on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (S) 60.00

Complete if Known	
Application Number	10/044,463
Filing Date	January 10, 2002
First Named Inventor	Davide R. Grassetti
Examiner Name	Shengjun Wang
Art Unit	1617
Attorney Docket No.	107-000110US

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): Deposit Account*
 Deposit Account Deposit Account Number: 50-0893 Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above identified deposit account, the Director is hereby authorized to : (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)		50	25
Each independent claim over 3 (including Reissues)		200	100
Multiple dependent claims		360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
- 20 or HP =	x	=		Fee (\$)	Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		
- 3 or HP =	x	=			

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 27 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	(\$)	Fee Paid (\$)
- 100	/50 =	Round up to a whole number) x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)

Other (e.g., late filing surcharge): _____

Other : Request for extension of time 60

Other : _____

Other : _____

Other : _____

Other : _____

SUBMITTED BY

Signature	Gary Baker	Registration No. (Attorney/Agent)	41,595	Telephone	510 769-3510
Name (Print/Type)	Gary Baker			Date	February 7, 2007